## **MECKLENBURG COUNTY** Park and Recreation Department (MCPRD) 20\_\_\_\_ Athletic Field Reservation Request Form

For tournaments or special event involving 200 participants or more,													
please submit a "Special Event Application" instead of this form.  STAFF USE ONLY													
REQUEST				E-MAILEC					CONTRACTILAL HISTORICAL				
RCVD DATE						USER STATUS IN GOOD STANDING			CONTRACTUAL, HISTORICAL				
CONTRACT#				STAFF	SIVEE I			H FEES?					
Field reserva when availabil be reschedu MCPRD Athle weather. All	lity is outlined of the contract of the contra	confirm or credit eld Reso ps prov covera	ed to guara ed toward a ervation Pol	intee yo i future licy. (Co es, tour isuranc	ur field. reservat ppy Attac naments e Requir	There action. Org ched) P s or spec	are Jani Ieas cial " do	NO refund zation/Tease call <mark>704</mark> events m ocument f	ls for ficam agre 1-336-58 ust pro or detai	eld renta es to co <mark>00 in ca</mark> vide liab	ls. Raind mply wit <mark>se of inc</mark>	outs will h the <mark>lement</mark>	
Organization/Team Name: Use - Game/ Practice/ Other:													
Youth Program/Event				Adult Program/Event				# of Participants:			# of Coaches:		
Contact Person: Email:													
Mailing Address:													
City:	Stat	State: Zip:											
Work #: Home#:					Cell	Cell#:			Fax#:	Fax#:			
Second Contact: Email:													
Work#:	Home#:			C			Cell#:			Fax#:	Fax#:		
Reservation Specifics  • See "Field Summary Chart" document for available facilities, fees and amenities.  • If you have weekday and weekend request with different start / finish times, use separate lines below.  • Please note dates to eliminate in your range of dates i.e. holidays													
Park		Field Type	Dimensions needed	Field #	Day(s)	Start Dat	te	End Date	Start Time	Finish Time	Lights	Field Prep	
Comments:													

Please send completed reservation form to Recreation Coordinator/Supervisor-

## MCPRD Athletic Field Reservation Authorization & Compliance Statement

authorized to reserve athletic fie	(Print Organization or Team Name) am lds. I have read and understand the MCPRD Athletic
	ree to comply with all applicable requirements of the (Organization or Team
Name) reservation (s).	(Organization of Team
Print Name:	Date:
Sign Name:	
I understand that Mecklenburg C to retain my credit card (s) inform	Card Authorization Statement County Park and Recreation Department has the ability mation on file and charge payments to my card (s) for
	County to charge my credit card (s) for an athletic due and provide me a receipt for all charges.
Print Name:	Date:
Signature:	Date: